



## Naturopathic Doctor's Duplicate/Replacement License

Complete the applicable section below and mail this form, documents, and a check or money order in the amount of **\$25.00** to:

**Bureau of Naturopathic Medicine**  
**1625 N. Market Blvd., Suite S-202**  
**Sacramento, CA 95834**

### Duplicate:

Name:	ND Number:	Telephone Number:
Address: (Street, City, State, Zip Code)		
Reason: Secondary Business Address		

OR

### Replacement:

Name:	ND Number:	Telephone Number:
Address: (Street, City, State, Zip Code)		
Reason: <input type="checkbox"/> Lost/Stolen/Mutilated/Destroyed <input type="checkbox"/> Business Address Change <input type="checkbox"/> Name Change*		

**\*Name change requires a copy of a marriage license, driver's license, or court order.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_